

RECEIVED  
SDNY PRO SE OFFICE

2016 MAR 14 AM 9:54

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Delroy Edwards

(In the space above enter the full name(s) of the plaintiff(s).)

**AMENDED  
COMPLAINT**

under the Civil Rights Act,  
42 U.S.C. § 1983

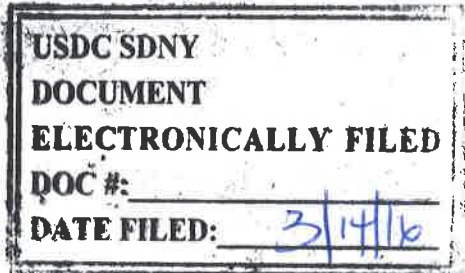
-against-

City of New York; C.O. Gagadeen,  
Shield # 9831; C.O. Speight, Shield # 5211;  
C.O. Lewis, Shield # ; Captain  
Trahaw, Shield # 1058; Deputy Warden  
Fadwa, Shield # 74.

Jury Trial: ☒ Yes ☐ No  
(check one)

16 Civ. 0078 (RA)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name Delroy Edwards  
ID# 895-1501548  
Current Institution AMKC  
Address 18-18 Hazen St  
East Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name C.O. Gagadeen Shield # 9831  
Where Currently Employed AMKC  
Address 18-18 Hazen St  
East Elmhurst, NY 11370

Defendant No. 2 Name C.G. Spaight Shield # 5211  
 Where Currently Employed AmKC  
 Address 18-18 Hazen St  
East Elmhurst, NY 11370

Defendant No. 3 Name C.O. Lewis Shield # \_\_\_\_\_  
 Where Currently Employed AmKC  
 Address 18-18 Hazen St  
East Elmhurst, NY 11370

Who did  
what?

Defendant No. 4 Name Captain Trahaad Shield # 1058  
 Where Currently Employed AmKC  
 Address 18-18 Hazen St  
East Elmhurst, NY 11370

Defendant No. 5 Name Deputy Warden Fadiwa Shield # 74  
 Where Currently Employed AmKC  
 Address 18-18 Hazen St  
~~East Elmhurst, NY 11370~~ East Elmhurst, NY 11370

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

AmKC 18-18 Hazen St  
East Elmhurst, NY 11370

B. Where in the institution did the events giving rise to your claim(s) occur?

Quad Upper 7

C. What date and approximate time did the events giving rise to your claim(s) occur?

Saturday November 21<sup>st</sup>, 2015

Around 5:30 pm

D. Facts:

What  
happened  
to you?

The officers Released a barrage of  
chemical agents and while I was blinded by the  
chemical the alleged officers hit me numerous  
times with a baton in my lower back while

I was on the floor.

Who did  
what

The Deputy on call duty on Nov. 21, 2015 ordered C.O. Lewis, C.O. Speight & other Correctional Officers to release the Chemical agents. I didn't see who assaulted me because I was blinded by chemical agents.

officers I couldn't identify by name or shield

Was  
anyone  
else  
involved?

Occupants of Quad upper 7 who was also assaulted.

Who else  
saw what  
happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I sustained lower back pains due to the blows I received from the batons, seen medical on Nov 22, 2015 on the 11 to 7 tour. I received some non-asprin

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island AMKC

18-18 Hazen St, East Elmhurst, NY 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☐

Pending Notification

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

AMKC 18-18 Hazen St East Elmhurst, NY 11370

1. Which claim(s) in this complaint did you grieve?

The assault as well as the releasing of the chemical agents

2. What was the result, if any?

Still pending / rendering disposition

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

disposition pending

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

filed ; pending

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

As a result I would like a full investigation to take place in this matter along with all parties. The mentioned parties that was present on Saturday Nov. 21, 2013 was extracted from the housing area with brute force for a reason that was rectified after the fact. I'm seeking \$1 million dollars (\$1,000,000) in punitive damages & the pain & suffering from the blows I received to my lower back.

On  
these  
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes ☐ No ☒  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of February, 2016.

Signature of Plaintiff

Inmate Number

Institution Address

Debra E. Stuart  
898-15-01548  
18-18 Hazen St  
East Elmhurst, 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of February, 2016, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

2112116  
Nkechi Igbo  
NKECHI IGBO

Signature of Plaintiff:

Debra E. Stuart

NOTARY PUBLIC-STATE OF NEW YORK

No. 011G6163948

Qualified In Queens County

My Commission Expires April 09, 2019

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>Debra Edwards</u>	Book & Case #: <u>8015-15-01518</u>	NYSID # (optional):	
Facility: <u>AMKC</u>	Housing Area: <u>007</u>	Date of Incident: <u>11/21/15</u>	Date Submitted: <u>12/10/15</u>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is on-going. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

## Request or Grievance:

On the date of Nov 21, 2015 I was sprayed along with other inmates with chemical agents known as "MK9" due to a razor being allegedly missing. When the probe team along with the security team I didn't call for a razor, and they came to the upper level they sprayed with the chemical agents.

## Action Requested by Inmate

I want the officers that was involved to be reported & released in how to use chemical agents; a better medical treatment in a timely matter after decontamination.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inmate's Signature: [Signature]Date of Signature: 12/10/15

## For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below: <u>12/10/15</u>	Grievance and Request Reference #: <u>NC6</u>	Category: <u>complaint</u>
Inmate Grievance and Request Program Staff's Signature: <u>m. m. [Signature]</u>		

## CITY OF NEW YORK - DEPARTMENT OF CORRECTION

## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/12/12  
Ref.: Dir. #3376

## DISPOSITION FORM Attachment - C

Grievance/Request Reference #:  
N/G

Date Filed: 12/10/15

Facility: AMKC

Title of Grievance or Request:

Category: Complaint

From IGRP Inmate Statement Form, print or type short description of request/grievance:

On the date of Nov 21, 2015 I was sprayed along with other inmates with chemical agents known as MK9 due to a razor being alleged missing. When the pro-team along with the security team and deputy on call for our housing unit came to Quad upper 7 they sprayed with no remorse.

Action Requested by Inmate: I want the officers that was involved to reported and retrained in how to use chemical agent and a better medical treatment in a timely matter after decontamination.

## STEP 1: INFORMAL RESOLUTION

Check one box: ☐ Grievance ☐ Request ☒ Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

IGRP can not process your grievance. This matter will be forwarded to the Deputy Warden to look into your complaint.

Are you satisfied with the proposed resolution?

☐ Yes, I accept the resolution. ☐ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

Delroy Edwards 895-15-01848  
18-18 Hazen St  
East Elmhurst, NY 11370

NEW YORK NY 100  
03 MAR 2016 PM 5



RECEIVED  
SDNY PM 5 OFFICE

2016 MAR 14 AM 9:54



*Handwritten signature in blue ink.*

United States District Court  
Southern District of New York  
U.S. Courthouse - 500 Pearl Street  
New York, NY 10007

1000789999

